



Ohio State Emergency Response Commission  
Ohio EPA Emergency Planning and Community Right-to-Know  
P.O. Box 163669, 1800 WaterMark Dr.  
Columbus, Ohio 43216-3669

US EPA RECORDS CENTER REGION 5



434709

Please check, as applicable

EHS Reported ☐

HS Reported ☐

No change (from last year's) ☒

Exempt ☐

Negative ☐

First time filer ☐

# Facility Identification Form

(Important: Type or print: Read Instructions before completing form.)

For filing Date: 03 / 01 / 94

☒ Check if form is identical to form submitted last year

County: Montgomery

Where to send completed forms:

Ohio EPA  
SERC  
P.O. Box 163669, 1800 WaterMark Dr.  
Columbus, Ohio 43216-3669

County Local Emergency Planning Committee

Local Fire Department within the jurisdiction of the facility

## 1. Parent Company or Public Entity Identification

1.1	Name of Parent Company (30 char max)	11
	NA	
	Address (30 char max)	
	Address (30 char max)	12
1.2	City (25 char max)	State
	Zip Code	1.3-Parent Company: Dun & Bradstreet # 13

## 2. Facility Identification

2.1	Operating Division Name (30 char max)	14
	Facility Name (30 char max)	15
	Dayton Electroplate, Inc.	
	Street Location (30 char max)	16
	1030 Valley St.	
2.2	Mailing Address (if different from Street Location) (30 char max)	17
	City (25 char max)	State
	Dayton	O H
	Zip Code	2.3-Facility: Dun & Bradstreet # a. SIC Code
	45404	NA 3471

	Emergency Contact (30 char max)	24 Hr. Telephone Number (Include area code)	18
	Charles J. Borum	(513) 228-6121	
2.5	Alternate Contact (30 char max)	Telephone Number (Include area code)	19
	Morgan Moore	(513) 228-6121	
2.6	Fire Department Name (25 char max)	Telephone Number (Include area code)	20
	Dayton City Fire Dept.	(513) 224-9241	

2.7	Latitude	Longitude	a. # of Employees
	Deg. Min. Sec.	Deg. Min. Sec.	
	0	0	
2.8	RCRA Identification #	a. NPDES Permit #	
	O H	O H	
2.9	State Wastewater Facility #	a. Pretreatment #	22
2.10	Air Permit Facility #	a. Check if list of Facility Permit numbers is attached.	

24 Hr. Telephone Number (Include area code)	18
(513) 228-6121	
Telephone Number (Include area code)	19
(513) 228-6121	
Telephone Number (Include area code)	20
(513) 228-6121	
Fire Department Telephone Number	21
(513) 224-9241	

(This Space for EPA use only)

## 3. Certification (Read and sign after completing all sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on data available to the owners/operator of this facility.

3.1 - Name and official title of owner/operator or senior management official at facility	Office Telephone Number	23
Charles J. Borum, President	(513) 228-6121	
3.2 - Signature	Date Signed	
Charles J. Borum	102 / 22 / 95	



Ohio State Emergency Response Commission  
Ohio EPA Emergency Planning and Community Right-to-Know  
P.O. Box 1049, 1800 WaterMark Dr.  
Columbus, Ohio 43266-0149

REP 13887

Please check, as applicable  
EHS Reported ☒  
HS Reported ☒  
No change (from last year's) ☐  
Exempt ☐  
Negative ☐  
First time filer ☐

# Facility Identification Form

1608

03/23/94

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For filing Date: 0 3 / 0 1 / 9 3 /

☐ Check if form is identical  
to form submitted last year

County: Montgomery

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1.1	Name of Parent Company (30 char max)	11
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	Address (30 char max)	
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1.2	City (25 char max)	State
	Zip Code	1.3 - Parent Company: Dun & Bradstreet #
		13

## 2. Facility Identification

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	Facility Name (30 char max)	15
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	City (25 char max)	State
	Dayton	OH
	Zip Code	2.3 - Facility: Dun & Bradstreet #
	4 5 4 0 4 -	3 4 7 1

	Emergency Contact (30 char max)	18
	Charles J. Borum	
	Alternate Contact (30 char max)	19
	Morgan Moore	
2.5	Fire Department Name (25 char max)	20
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	(5 1 3 ) 2 2 8 - 6 1 2 1	

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	0	0	
2.8	RCRA Identification #	a. NPDES Permit #	
	OH	OH	
2.9	State Wastewater Facility #	a. Pretreatment #	22
2.10	Air Permit Facility	a. Check if list of Facility Permit numbers is attached.	

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SERC  
P.O. Box 1049, 1800 WaterMark Dr.  
Columbus, Ohio 43266-0149

County Local Emergency Planning  
Committee

Local Fire Department within the  
jurisdiction of the facility

RECEIVED  
94 FEB 28 AM 8:07  
OHIO STATE  
EMERGENCY RESPONSE  
COMMISSION

(This Space for EPA use only)

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Charles J. Borum, President	(5 1 3 ) 2 2 8 - 6 1 2 1	
3.2 -Signature	Date Signed	
	0 2 / 1 2 5 / 1 9 4	

<b>Tier Two</b>  <b>EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</b>  Specific Information by Chemical	<b>Facility Identification</b> Name: <b>Dayton Electroplate, Inc.</b> Street Address: <b>1030 Valley St.</b> City: <b>Dayton</b> County: <b>Montgomery</b> State: <b>OH</b> Zip: <b>45404</b>  SIC Code <span style="border: 1px solid black; padding: 0 5px;">3</span> <span style="border: 1px solid black; padding: 0 5px;">4</span> <span style="border: 1px solid black; padding: 0 5px;">7</span> <span style="border: 1px solid black; padding: 0 5px;">1</span> Dun & Brad Number <span style="border: 1px solid black; padding: 0 5px;">N</span> <span style="border: 1px solid black; padding: 0 5px;">A</span> <span style="border: 1px solid black; padding: 0 5px;"></span> <span style="border: 1px solid black; padding: 0 5px;"></span> <span style="border: 1px solid black; padding: 0 5px;"></span> <span style="border: 1px solid black; padding: 0 5px;"></span> <span style="border: 1px solid black; padding: 0 5px;"></span> <span style="border: 1px solid black; padding: 0 5px;"></span>		<b>Owner/Operator Name</b> Name: <b>Dayton Electroplate, Inc.</b> Phone: <b>(513)228-6121</b> Mail Address: <b>1030 Valley St. Dayton, OH 45404</b>	
	<b>Emergency Contact</b> Name: <b>Charles J. Borum</b> Title: <b>President</b> Phone: <b>(513)228-6121</b> 24 Hr. Phone: <b>(513)228-6121</b>  Name: <b>Morgan Moore</b> Title: <b>Director of Operation</b> Phone: <b>(513)228-6121</b> 24 Hr. Phone: <b>(513)228-6121</b>			
	FOR OFFICIAL USE ONLY ID# <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> Date Received <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>			

**Important: Read all instructions before completing form****Reporting Period**From January 1 to December 31, 19 **93**
☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <small>(Check all that apply)</small>	Inventory	Container Type Pressure Temperature	Storage Codes and Locations (Non-confidential)  Storage Locations	Optional
CAS <span style="border: 1px solid black; padding: 0 5px;">7</span> <span style="border: 1px solid black; padding: 0 5px;">6</span> <span style="border: 1px solid black; padding: 0 5px;">6</span> <span style="border: 1px solid black; padding: 0 5px;">4</span> <span style="border: 1px solid black; padding: 0 5px;">3</span> <span style="border: 1px solid black; padding: 0 5px;">9</span> <span style="border: 1px solid black; padding: 0 5px;">3</span> Trade Secret <input type="checkbox"/> Chem. Name: <b>HYDROFLUORIC ACID</b>  Check all That apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name: <b>HYDROFLUORIC ACID</b>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max Daily Amount (code) <span style="border: 1px solid black; padding: 0 5px;">0</span> <span style="border: 1px solid black; padding: 0 5px;">2</span> Avg. Daily Amount (code) <span style="border: 1px solid black; padding: 0 5px;">0</span> <span style="border: 1px solid black; padding: 0 5px;">2</span> No. of Days On-site (days) <span style="border: 1px solid black; padding: 0 5px;">3</span> <span style="border: 1px solid black; padding: 0 5px;">6</span> <span style="border: 1px solid black; padding: 0 5px;">5</span>	E <span style="border: 1px solid black; padding: 0 5px;">1</span> <span style="border: 1px solid black; padding: 0 5px;">4</span> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div>	Constituent in Autophoretic 35 Activator and '20359' located in Chemical Storage B-4,B-5,B-7	<input type="checkbox"/>
CAS <span style="border: 1px solid black; padding: 0 5px;">7</span> <span style="border: 1px solid black; padding: 0 5px;">6</span> <span style="border: 1px solid black; padding: 0 5px;">4</span> <span style="border: 1px solid black; padding: 0 5px;">7</span> <span style="border: 1px solid black; padding: 0 5px;">0</span> <span style="border: 1px solid black; padding: 0 5px;">1</span> <span style="border: 1px solid black; padding: 0 5px;">0</span> Trade Secret <input type="checkbox"/> Chem. Name: <b>HYDROGEN CHLORIDE</b>  Check all That apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name: <b>HYDROGEN CHLORIDE</b>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max Daily Amount (code) <span style="border: 1px solid black; padding: 0 5px;">0</span> <span style="border: 1px solid black; padding: 0 5px;">3</span> Avg. Daily Amount (code) <span style="border: 1px solid black; padding: 0 5px;">0</span> <span style="border: 1px solid black; padding: 0 5px;">3</span> No. of Days On-site (days) <span style="border: 1px solid black; padding: 0 5px;">3</span> <span style="border: 1px solid black; padding: 0 5px;">6</span> <span style="border: 1px solid black; padding: 0 5px;">5</span>	C <span style="border: 1px solid black; padding: 0 5px;">1</span> <span style="border: 1px solid black; padding: 0 5px;">4</span> E <span style="border: 1px solid black; padding: 0 5px;">1</span> <span style="border: 1px solid black; padding: 0 5px;">4</span> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div>	Located in areas G-3,H-1 Located in Chemical Storage B-2	<input type="checkbox"/>
CAS <span style="border: 1px solid black; padding: 0 5px;">7</span> <span style="border: 1px solid black; padding: 0 5px;">6</span> <span style="border: 1px solid black; padding: 0 5px;">9</span> <span style="border: 1px solid black; padding: 0 5px;">7</span> <span style="border: 1px solid black; padding: 0 5px;">3</span> <span style="border: 1px solid black; padding: 0 5px;">7</span> <span style="border: 1px solid black; padding: 0 5px;">2</span> Trade Secret <input type="checkbox"/> Chem. Name: <b>NITRIC ACID</b>  Check all That apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name: <b>NITRIC ACID</b>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max Daily Amount (code) <span style="border: 1px solid black; padding: 0 5px;">0</span> <span style="border: 1px solid black; padding: 0 5px;">2</span> Avg. Daily Amount (code) <span style="border: 1px solid black; padding: 0 5px;">0</span> <span style="border: 1px solid black; padding: 0 5px;">2</span> No. of Days On-site (days) <span style="border: 1px solid black; padding: 0 5px;">3</span> <span style="border: 1px solid black; padding: 0 5px;">6</span> <span style="border: 1px solid black; padding: 0 5px;">5</span>	N <span style="border: 1px solid black; padding: 0 5px;">1</span> <span style="border: 1px solid black; padding: 0 5px;">4</span> D <span style="border: 1px solid black; padding: 0 5px;">1</span> <span style="border: 1px solid black; padding: 0 5px;">4</span> D <span style="border: 1px solid black; padding: 0 5px;">1</span> <span style="border: 1px solid black; padding: 0 5px;">4</span> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div>	Constituent in Enthobrite CNZ Clarifier located in Chemical Storage B-1 Constituent in Enthox 747 located in Chemical Storage B-2 Located in Chemical Storage B-2	<input type="checkbox"/>

**Certification:** (Read and sign after completing all sections)
 I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through **3**, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.
**Charles J. Borum, President**

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

**Optional Attachments**

- ☒ I have attached a site plan
- ☐ I have attached a list of site coordinate abbreviations
- ☐ I have attached a description of dikes and other safeguard measures

<b>Tier Two</b>  <b>EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</b>  Specific Information by Chemical	<b>Facility Identification</b> Name: <b>Dayton Electroplate, Inc.</b> Street Address: <b>1030 Valley St.</b> City: <b>Dayton</b> County: <b>Montgomery</b> State: <b>OH</b> Zip: <b>45404</b> SIC Code <span style="border: 1px solid black; padding: 2px;">3 4 7 1</span> Dun & Brad Number <span style="border: 1px solid black; padding: 2px;">N A</span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> FOR OFFICIAL USE ONLY ID# <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> Date Received <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>		<b>Owner/Operator Name</b> Name: <b>Dayton Electroplate, Inc.</b> Phone: <b>(513)228-6121</b> Mail Address: <b>1030 Valley St. Dayton, OH 45404</b> <b>Emergency Contact</b> Name: <b>Charles J. Borum</b> Title: <b>President</b> Phone: <b>(513)228-6121</b> 24 Hr. Phone: <b>(513)228-6121</b> Name: <b>Morgan Moore</b> Title: <b>Director of Operation</b> Phone: <b>(513)228-6121</b> 24 Hr. Phone: <b>(513)228-6121</b>	
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CAS <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;">7</span> <span style="border: 1px solid black; padding: 2px;">6</span> <span style="border: 1px solid black; padding: 2px;">6</span> <span style="border: 1px solid black; padding: 2px;">4</span> <span style="border: 1px solid black; padding: 2px;">9</span> <span style="border: 1px solid black; padding: 2px;">3</span> <span style="border: 1px solid black; padding: 2px;">9</span> Trade Secret <input type="checkbox"/> Chem. Name: <b>SULFURIC ACID, CONCENTRATED</b>  Check all That apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name: <b>SULFURIC ACID</b>	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max Daily Amount (code) <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">4</span> Avg. Daily Amount (code) <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">4</span> No. of Days On-site (days) <span style="border: 1px solid black; padding: 2px;">3</span> <span style="border: 1px solid black; padding: 2px;">6</span> <span style="border: 1px solid black; padding: 2px;">5</span>	E I 4 28	Located in Chemical Storage B-2,B-3	<input type="checkbox"/>
CAS <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">3</span> <span style="border: 1px solid black; padding: 2px;">3</span> <span style="border: 1px solid black; padding: 2px;">3</span> <span style="border: 1px solid black; padding: 2px;">8</span> <span style="border: 1px solid black; padding: 2px;">6</span> <span style="border: 1px solid black; padding: 2px;">4</span> Trade Secret <input type="checkbox"/> Chem. Name: <b>AUTOPHORETIC 866 REPLENISHER</b>  Check all That apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name:	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max Daily Amount (code) <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">4</span> Avg. Daily Amount (code) <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">4</span> No. of Days On-site (days) <span style="border: 1px solid black; padding: 2px;">3</span> <span style="border: 1px solid black; padding: 2px;">6</span> <span style="border: 1px solid black; padding: 2px;">5</span>	I I 4 32	Located in Chemical Storage B-4,B-5	<input type="checkbox"/>

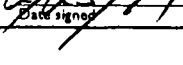
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Name and official title of owner/operator OR owner/operator's authorized representative

Signature



Date signed


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<b>Tier Two</b>  <b>EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</b>  Specific Information by Chemical	<b>Facility Identification</b> Name: <b>Dayton Electroplate, Inc.</b> Street Address: <b>1030 Valley St.</b> City: <b>Dayton</b> County: <b>Montgomery</b> State: <b>OH</b> Zip: <b>45404</b>  SIC Code <span style="border: 1px solid black; padding: 2px;">3 4 7 1</span> Dun & Brad Number <span style="border: 1px solid black; padding: 2px;">N A</span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>		<b>Owner/Operator Name</b> Name: <b>Dayton Electroplate, Inc.</b> Phone: <b>(513)228-6121</b> Mail Address: <b>1030 Valley St. Dayton, OH 45404</b>	
	<b>Emergency Contact</b> Name: <b>Charles J. Borum</b> Title: <b>President</b> Phone: <b>(513)228-6121</b> 24 Hr. Phone: <b>(513)228-6121</b>		Name: <b>Morgan Moore</b> Title: <b>Director of Operation</b> Phone: <b>(513)228-6121</b> 24 Hr. Phone: <b>(513)228-6121</b>	
	FOR OFFICIAL USE ONLY ID# <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> Date Received <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>			

**Important: Read all instructions before completing form****Reporting Period**From January 1 to December 31, 19 **93**
☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards <small>(Check all that apply)</small>	Inventory	Container Type Pressure Temperature	Storage Codes and Locations (Non-confidential)  Storage Locations	Optional
1608 02/23/94 CAS <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">3</span> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">7</span> <span style="border: 1px solid black; padding: 2px;">3</span> <span style="border: 1px solid black; padding: 2px;">2</span> Trade Secret <input type="checkbox"/> Chem. Name: <b>50% CAUSTIC SODA-DIAPHRAGM</b>  Check all That apply <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name:	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	Max Daily Amount (code) <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">4</span> Avg. Daily Amount (code) <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">4</span> No. of Days On-site (days) <span style="border: 1px solid black; padding: 2px;">3</span> <span style="border: 1px solid black; padding: 2px;">6</span> <span style="border: 1px solid black; padding: 2px;">5</span>	E I 4 <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div>	Located in Chemical Storage B-2,B-3	<input type="checkbox"/>
CAS <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> Trade Secret <input type="checkbox"/> Chem. Name:  Check all That apply <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name:	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	Max Daily Amount (code) <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> Avg. Daily Amount (code) <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> No. of Days On-site (days) <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span> <span style="border: 1px solid black; padding: 2px;"> </span>	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div>		<input type="checkbox"/>
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**Certification** (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 3, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

**Charles J. Borum, President**

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

**Optional Attachments**

- ☒
- I have attached a site plan
- 
- ☐
- I have attached a list of site coordinate abbreviations
- 
- ☐
- I have attached a description of dikes and other safeguard measures



# SARA SERVICES

INCORPORATED

A Subsidiary of SARA Environmental, Inc.

23 Feb 1994

Bill Ford  
Fire Prevention  
300 N. Main  
Dayton, OH 45402

Ken LeBlanc, Planning Manager  
Montgomery County LEPC  
400 Miami Valley Tower  
40 West 4th St.  
Dayton, OH 45402

Ohio Emergency Response Commission  
Ohio Environmental Protection Agency  
P.O. Box 1049  
Columbus, OH 43266-0149  
Attn: R-T-K

Dear Sirs:

Enclosed is the EPA SARA Title III Tier II information report which we are submitting on behalf of Dayton Electroplate, Inc.. If there are any questions regarding the report, please do not hesitate to contact us.

Thank you,



James E. Walters  
President/CEO  
SARA Services, Inc.

JW/jg

Enclosures

cc: Dayton Electroplate, Inc.